



08-19-05

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Total Number of Pages in This Submission

2

Application Number

10/692,557

Filing Date

OCTOBER 23, 2003

First Named Inventor

PHILIP BERARDI

Art Unit

3632

Examiner Name

SZUMNY, JONATHON A.

Attorney Docket Number

418-27-003

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	KOPPEL, JACOBS, PATRICK & HEYBL		
Signature			
Printed name	JAYE G. HEYBL		
Date	8/17/05	Reg. No.	42,661

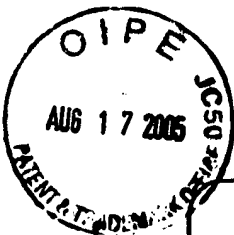
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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/692,557
Filing Date	OCTOBER 23, 2003
First Named Inventor	PHILIP BERARDI
Art Unit	3632
Examiner Name	SZUMNY, JONATHAN A.
Attorney Docket Number	418-27-003

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 23935☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:23935**OR**☐ Firm or  
Individual Name

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

PHILIP BERARDI

Date

8/12/05

Telephone

805-492-1024

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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